



RECEIVED

AUG 21 2003

Technology Center 2100

PLACE OF BIRTH, Dist. No. 3801  
City and (To be inserted by Registrar)

County of SAN FRANCISCO

California State Board of Health  
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

Local Registered No. 4333

[Redacted]  
[Redacted]

(No.) 7th Jinn Hospital

Ward)

[If birth occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME OF CHILD

Lothrop Mittenenthal

[If child is not yet named, make supplemental report as directed.]

## PERSONAL AND STATISTICAL PARTICULARS

1 SEX OF CHILD Male	2 Twin, Triplet, or Other	3 Number in Order of Birth	4 DATE OF BIRTH June 22 <sup>nd</sup> 1921
5 FATHER Norman Jerome Mittenenthal			6 MOTHER Bessie Brody
7 RESIDENCE 2530 Fulton St. State			8 RESIDENCE 2130 Fulton St. State
9 COLOR OR RACE white	10 AGE AT LAST BIRTHDAY 31 (Years)		11 BIRTHPLACE Illinois (State or country)
12 OCCUPATION (a) Trade, profession or particular kind of work Salesman (b) General nature of industry, business, or establishment in which employed (or employer) Pac. States Elec. Co.			13 OCCUPATION (a) Trade, profession, or particular kind of work Housewife (b) General nature of industry, business, or establishment in which employed (or employer)
14 Was a prophylactic for Ophthalmia Neonatorum used? yes			15 Number of children born to this mother, including present birth 2
16 If so, what? Diphot 20%			17 Number of children of this mother now living 2

## 18 CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was born alive at 1<sup>19</sup> A.M. on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature) Adolph H. Nahman

Dated 6-22 1921

(Physician, midwife, father, etc.)

Given name added from a supplemental report 19

Address 902 Divisadero St.

Filed JUN 26 1921 William C. Hassler

Registrar

Registrar or Deputy

THIS IS TO CERTIFY THAT, IF BEARING THE SEAL OF THE SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH, THIS IS A TRUE COPY OF THE DOCUMENT FILED IN THIS OFFICE.

NO. 20852

DATED: NOVEMBER 24, 1958  
SAN FRANCISCO, CALIFORNIA

Ellis D. Sox

ELLIS D. SOX, M.D.  
DIRECTOR OF PUBLIC HEALTH AND  
LOCAL REGISTRAR